

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583125

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
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37		1					
38		1					
39		1					
40		1					
41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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57						
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62						
63						
64						
65						
66						
67		1				
68		1				
69		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			7		↓	
TOTAL DEP.			65		←	
TOTAL CLAIMS			72			